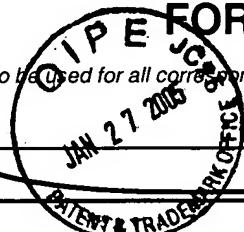


Please type a plus sign (+) inside this box → +

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)



Application No.	10/635,433
Filing Date:	August 7, 2003
Inventor(s)	Nicolaas van der BLOM
Group Art Unit	Unknown
Examiner Name	Unknown
Attorney Docket Number	1500-000001/US/DVB

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Letter to the Official Draftsperson and _____ Sheets of Formal Drawing(s)	<input type="checkbox"/> LETTER SUBMITTING APPEAL BRIEF AND APPEAL BRIEF (w/clean version of pending claims)
<input type="checkbox"/> Amendment	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Notice of Appeal, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Request for Withdrawal as Attorney or Agent and Change of Correspondence Address
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Harness, Dickey & Pierce, P.L.C.	Attorney Name John A. Castellano	Reg. No. 35,094
Signature			
Date	January 27, 2005		

Please type a plus sign (+) inside this box

PTO/SB/83 (08-00)

Approved for use through 11/30/2005. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
AND CHANGE OF
CORRESPONDENCE ADDRESS**

Application No.	10/635,433
Filing Date:	August 7, 2003
Inventor(s)	Nicolaas van der Blom
Group Art Unit	Unknown
Examiner Name	Unknown
Attorney Docket Number	1500-000001/US/DVB

To: Customer Service Window
Randolph Building
401 Dulany St.
Alexandria, VA 22314

I hereby apply to withdraw as attorney or agent on behalf of all attorneys and agents, associated with customer number 30593 for the above identified application, including at least:

John A. Castellano	Reg. No. 35,094
Terry L. Clark	Reg. No. 32,644
Donald J. Daley	Reg. No. 34,313
Gary D. Yacura	Reg. No. 35,416

The reasons for this request are:

The Assignee has failed to pay one or more bills rendered by the practitioner for an unreasonable period of time.

- The correspondence address is NOT affected by this withdrawal.
- Change the correspondence address and direct all future correspondence to:

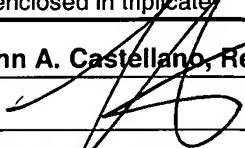
CORRESPONDENCE ADDRESS

Customer Number
OR

<input checked="" type="checkbox"/> Firm or Individual Name	Nicolaas van der Blom, President NVB International a/s		
Address	Gaerdet 12		
Address	P.O. Box 69		
City	3460 Birkerød	State	ZIP
Country	DENMARK		
Telephone	011-45-4581-1596	Fax	011-45 4582-1597

This request is enclosed in triplicate

Name John A. Castellano, Reg. No. 35,094

Signature 

Date January 27, 2005

**NOTE: Withdrawal is effective when approved rather than when received
Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.**

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.